



CURB SERVICE AFFIDAVIT

Account Number: _____

Service Address: _____

I, _____, being first duly sworn, make under oath the following statements regarding my curb service trash pick-up at the above mentioned address and request an exemption as provided for in the City of Akron Code of Ordinances (Ord. 443-1996; Ord. 1003-1978; §52.17):

- (1) No trash collection was made by the City of Akron during these times:

Start date: _____

End date: _____

- (2) The reason that no trash collection was made by the City of Akron: _____

I have read the foregoing statements and know the content thereof, and understand that the affidavit shall be operative for only as long as the facts and conditions stated therein remain true. If any of the facts and conditions stated herein change to the extent that there does no longer exist a right to be exempted, the undersigned shall notify the City and the affidavit shall no longer be operative. I understand that knowingly making a false statement of material fact in the affidavit constitutes a crime punishable under City Ordinances.

Owner's Name (please print) _____

Owner's Signature _____

Owner's Address _____

Owner's Phone Number _____

- ☐ I request a refund of any credit on the above account after this affidavit has been processed.

Refunds will be mailed to the owner's address noted above if there are no outstanding balances on any other accounts by the deed holder.

Sworn to and subscribed to in my presence this _____ day of _____,
20_____.

Notary Public _____

*** * * THIS FORM MUST BE NOTARIZED TO BE VALID * * ***

****NOTE: Curb service will be inactivated in six (6) month increments. If after six (6) months the property is still vacant, you must notify the Business Office to extend the affidavit an additional six (6) months, or curb service will automatically resume billing.****

Fax completed form to (330) 375-2308 or mail to:

City of Akron
Utilities Business Office
146 South High Street, Room 211
Akron, Ohio 44308-1894